MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

11117-62-044249
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. _____

DO NOT WRITE ON THIS STUB

AMENDED

FILED NOV 26 1962

VS 300
Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF
1		
2	21	8
3		2
4	1	
5	0	
6		
7	0	
8	2	
9		
10		
11		
12	63-0	
13		

DATE AMENDED 63

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b: 1hr 34min
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Incarnate Word
Inside Limits: Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo.
b. COUNTY
c. CITY OR TOWN: St. Louis
Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): 1077a So. Taylor
Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First SHEILA Middle RENAE Last GEORGE

4. DATE OF DEATH: Month 11 Day 18 Year 62

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married X Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 11-18-62

9. AGE (last birthday): -----
IF UNDER 1 YEAR Months ------ Days ------
IF UNDER 24 HR Hours 1 Min. 34

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (City and state or country): St. Louis Mo.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Donald Greco George

13b. MOTHER'S MAIDEN NAME: Joan Carolyn Kelley

14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs. Joan George Address: 1077a So. Taylor

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Congenital abnormality:- Spina bifida meningocele,
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Club foot.
DUE TO (c): 7511

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes X No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 3:45 p.m. 11-4-62 to 5:15 p.m. 11-18-62 and last saw her him alive on 11-18-62
Death occurred at 5:15 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Ralph Berg (Degree or title) MD

22b. ADDRESS: 3203 8 Grand

22c. DATE SIGNED: 11/19/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 11-20-62

23c. NAME OF CEMETERY OR CREMATORY: Mt. Olive

23d. LOCATION (City, town, or county) (State): St. Louis Co., Mo.

24. FUNERAL DIRECTOR ADDRESS: McLaughlin, 2301 Lafayette St. Louis Mo

25. DATE RECD. BY LOCAL REG.: NOV 19 1962

REGISTRAR'S SIGNATURE: Hoard Smith. M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was NOT embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed James P. Chapman

Licensed Embalmer No. 4352

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.